

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90182 044 ****61.25

DOCUMENT # N32412

1. Entity Name
LAKE AREA MINISTRIES, INC.



Principal Place of Business
**330 SE PALMETTO STREET
KEYSTONE HEIGHTS FL 32656
US**

Mailing Address
**P.O. BOX 1385
KEYSTONE HEIGHTS FL 32656
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2972913**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PEOPLES, JAMES M REV
8105 MEADOWLARK CT
MELROSE FL 32666**

7. Name and Address of New Registered Agent
Name **WARNER, DALE A**
Street Address (P.O. Box Number is Not Acceptable)
6744 MT. VERNON DR.
City **Melrose** FL Zip Code **32666**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONAOUS, DIANNE		NAME		
STREET ADDRESS	5531 LASSEY ST		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONSTEEL, PATRICIA		NAME		
STREET ADDRESS	3051 SE STATE RD 2127		STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINLEY, MARYLYN		NAME		
STREET ADDRESS	7904 BREEZY PT RD		STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPELL, PATRICIA G.		NAME		
STREET ADDRESS	8141 FOREST HILLS ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE GENEVA FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEOPLES, JAMES M		NAME		
STREET ADDRESS	8105 MEADOWLARK CT		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARNER, DALE A		NAME		
STREET ADDRESS	6744 MT. VERNON DR		STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SPARKS, JAMES M** Director 4/8/03 357 413 2846

CR2E037 (10/02)